DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



March 2, 2001

ALL COUNTY LETTER NO. 01-16

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS

REASON FOR THIS TRANSMITTAL
[] State Law Change
[] Federal Law or Regulation
Change
[X] Court Order
[] Clarification Requested by
One or More Counties
[] Initiated by CDSS

SUBJECT: KEHRER V. SAENZ COURT ORDER

This letter informs county welfare departments (CWDs) of changes to income exemption policies for Maximum Family Grant (MFG) cases in the California Work Opportunity and Responsibility to Kids (CalWORKs) Program. These MFG policies have been changed to comply with the <u>Kehrer v. Saenz</u> court order, which related to the treatment of child support payments in a CalWORKs case for a child subject to the MFG rule.

POLICY CHANGE

In accordance with the court order, County Welfare Departments shall implement this new policy effective with the April 1, 2001, grant payments and eligibility determinations for all CalWORKs recipients and new and pending applications. The settlement provides that the following payments shall be exempt from consideration as income in the CalWORKs grant computation for CalWORKs cases subject to the MFG rule:

- Child support payments from the absent parent for the MFG child, whether paid directly to the MFG child, the custodial parent, or through the District Attorney/Family Support Office.
- 2. Derivative benefits from Social Security or other government programs based on the absent parent's disability or retirement and paid to or on behalf of the MFG child, which satisfy, in whole or in part, the absent parent's child support obligation.

Manual of Policy and Procedures (MPP) Section 44-314.62 will be revised at a later date to reflect these changes. The <u>Kehrer Court Order does</u> not change the applicant/recipient's responsibility to comply with Child Support cooperation requirements.

NOTICES OF ACTION (NOA)

Attached are two temporary NOAs that will be used to implement the provisions of the <u>Kehrer</u> court order. The TEMP NA 1224 will notify Assistance Units of a change in their benefit level and the TEMP NA 1223 will be used to issue corrective underpayments to recipients. Corrective underpayments are to be paid retroactively to April 1, 2001. Counties must begin to use these TEMP NA forms immediately.

CAMERA-READY COPIES AND TRANSLATIONS

To obtain a camera-ready copy of the TEMP NA 1223 or TEMP NA 1224 in English, please contact the Forms Management Unit at (916) 657-1907 or by e-mail at fmu@dss.ca.gov. Spanish, Russian, Chinese, and Vietnamese versions of these TEMP NA forms will be provided to counties by Language Translation Services under separate cover. Each county must provide bilingual/interpretive services and written translations to non-English or limited English speaking populations as required by the Dymally-Alatorre Bilingual Services Act (Government Code Section 7290 et seq.) and by State regulations in Manual of Policies and Procedures, Division 21, Civil Rights Nondiscrimination, Section 115. For additional translated copies of the TEMP NA forms, please contact Language Translation Services by telephone at (916) 654-1282 or by e-mail at LTS@dss.ca.gov.

CONTACTS

If you have any questions about this letter, please contact Elizabeth Allred at (916) 657-3350.

Sincerely,
Original signed by
Bruce Wagstaff on
3/1/01
BRUCE WAGSTAFF
Deputy Director
Welfare to Work Division

Attachments

c: CWDA CSAC

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

	Case Name: Number: Worker Name: Number: Telephone:	
ADDRESSEE	-	
		Questions? Ask your Worker.
		State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.
<u> </u>		
As of, the county has approved your back cash aid of \$		
HERE'S WHY:		
A court has told us to count child support paid for a child under the Maximum Family Grant (MFG) rule in a new way. When figuring your cash aid, we will no longer count:		
Child support payments from the absent parent when paid directly to the custodial parent.		
Benefits for the MFG child that are paid by the Social Security Administration or other government program because of the disability or retirement of the child's absent parent.		
Your back cash aid is figured on the next page.		
A check will be sent soon.		
A check is enclosed.		
You have an existing overpayment balance. Some or all of your back cash aid was used to lower the overpayment amount.		
If you get Food Stamps, we will count your back cash aid as a resource.		
You may get another notice from Food Stamps.		
Rules: These rules apply: Welfare & Institutions Code Section 11450; Manual of Policy and Procedures (MPP) Section 44-314.62. You may review them at your welfare office: Kehrer v. Saenz		

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing <u>before</u> an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any		
extra Cash Aid, Food Stamps	or Child Care Sei	rvices you got
To let us lower or stop your benefit	ts before the hearing	g, check below:
Yes, lower or stop: \square Cash Aid	☐ Food Stamps	☐ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you
 wait for a hearing decision is not enough to allow you to
 participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- · Fill out this page.
- Make a copy of the front and back of this page for your records.
 If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

 Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department

of _		County about my:
	Cash Aid \square Food Stamps \square Me	di-Cal
	Other (list)	
Her	re's Why:	
	If you need more space, check here	and add a page.
	I need the state to provide me with an in (A relative or friend cannot interpret for	
	My language or dialect is:	
NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED		
BIRTI	H DATE	PHONE NUMBER
STRE	ET ADDRESS	
CITY		STATE ZIP CODE
SIGN	ATURE	DATE
NAME	OF PERSON COMPLETING THIS FORM	PHONE NUMBER
☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)		
NAME		PHONE NUMBER
STRE	ET ADDRESS	<u> </u>

ZIP CODE

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

	Notice Date : _ Case	
	Name : _	
	Number : _ Worker	
	Name : _	
	Number : _	
	_	
ADDDEOOFF	Address	
ADDRESSEE		
		Questions? Ask your Worker.
		State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.
As of, the county has changed your cash aid to \$		
HERE'S WHY:		
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☐ Child support payments from the absent parent when paid directly to the custodial parent.		
Benefits for the MFG child that are paid by the Social Security Administration or other government program because of the disability or retirement of the child's absent parent.		
Your new cash aid is figured on this page.		
If you get Food Stamps we will count your back cash aid as a resource.		
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	I need the state to provide me with an in (A relative or friend cannot interpret for	
	My language or dialect is:	
NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED		
BIRTI	H DATE	PHONE NUMBER
STRE	ET ADDRESS	
CITY		STATE ZIP CODE
SIGN	ATURE	DATE
NAME	OF PERSON COMPLETING THIS FORM	PHONE NUMBER
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STRE	ET ADDRESS	<u> </u>

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